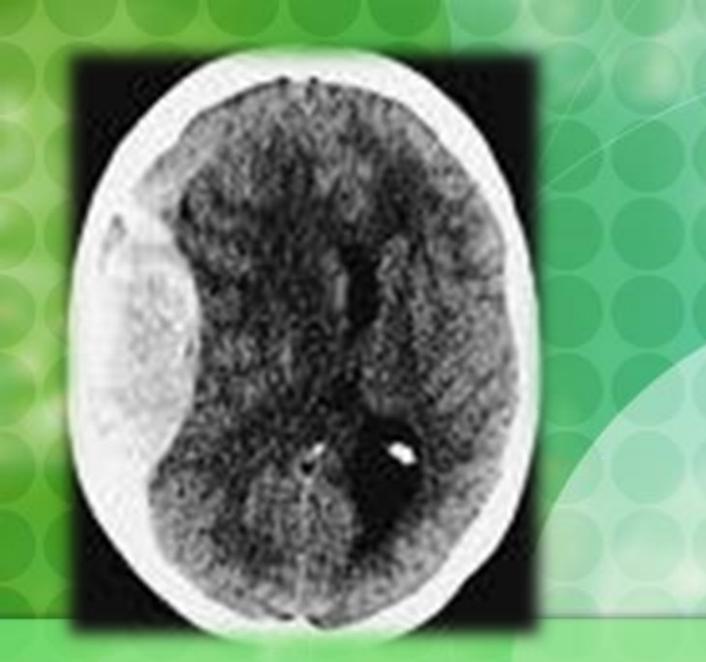


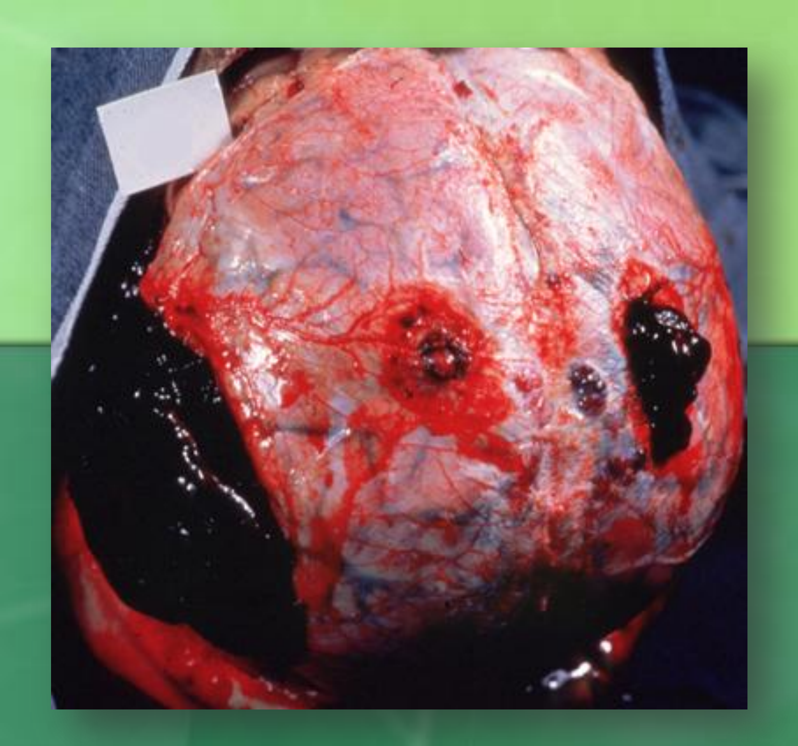
HEMATOAMELE EXTRADURALE

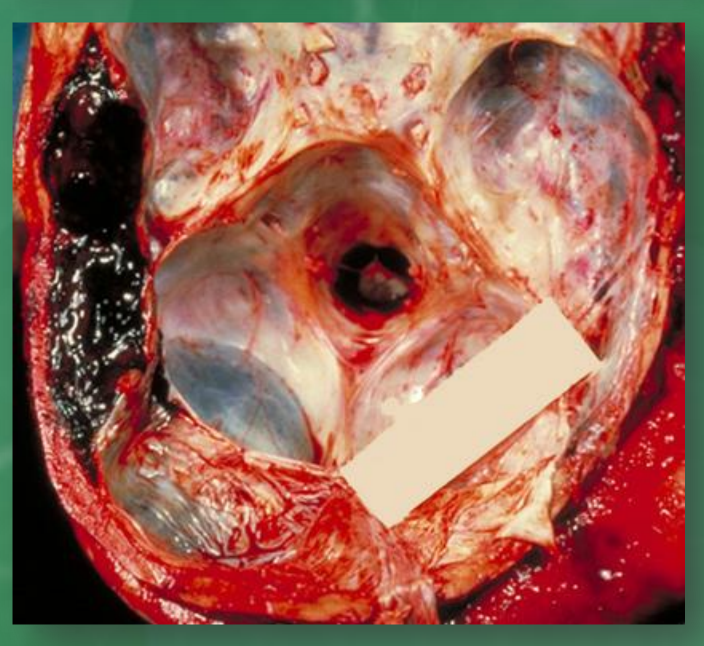


Curs rezidenti
Prof. Dr. Gorgan Radu Mircea
Februarie 2009

INCIDENTA

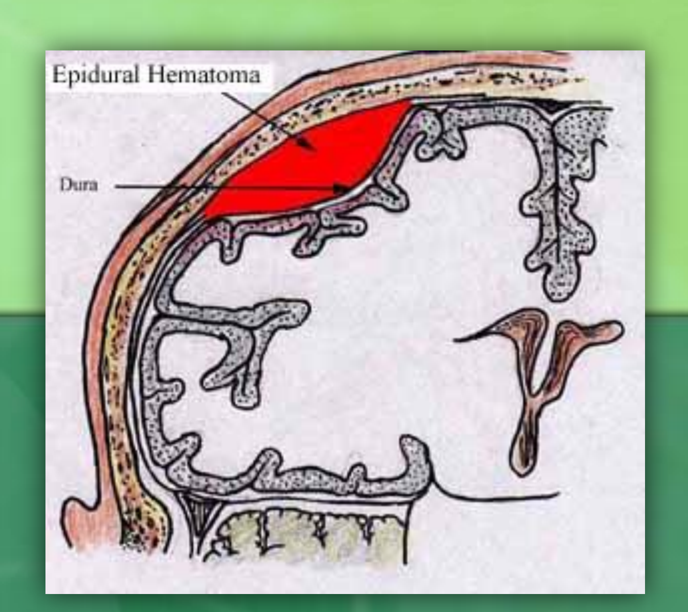
- 1% DIN TOTALUL PACIENTILOR INTERNATI PENTRU TRAUMATISM CRANIAN
- RAPORTUL BARBATI-FEMEI= 4:1
- FRECVENTA MAXIMA LA TINERI
- RAR INAINTE DE 2 ANI SI DUPA 60 DE ANI



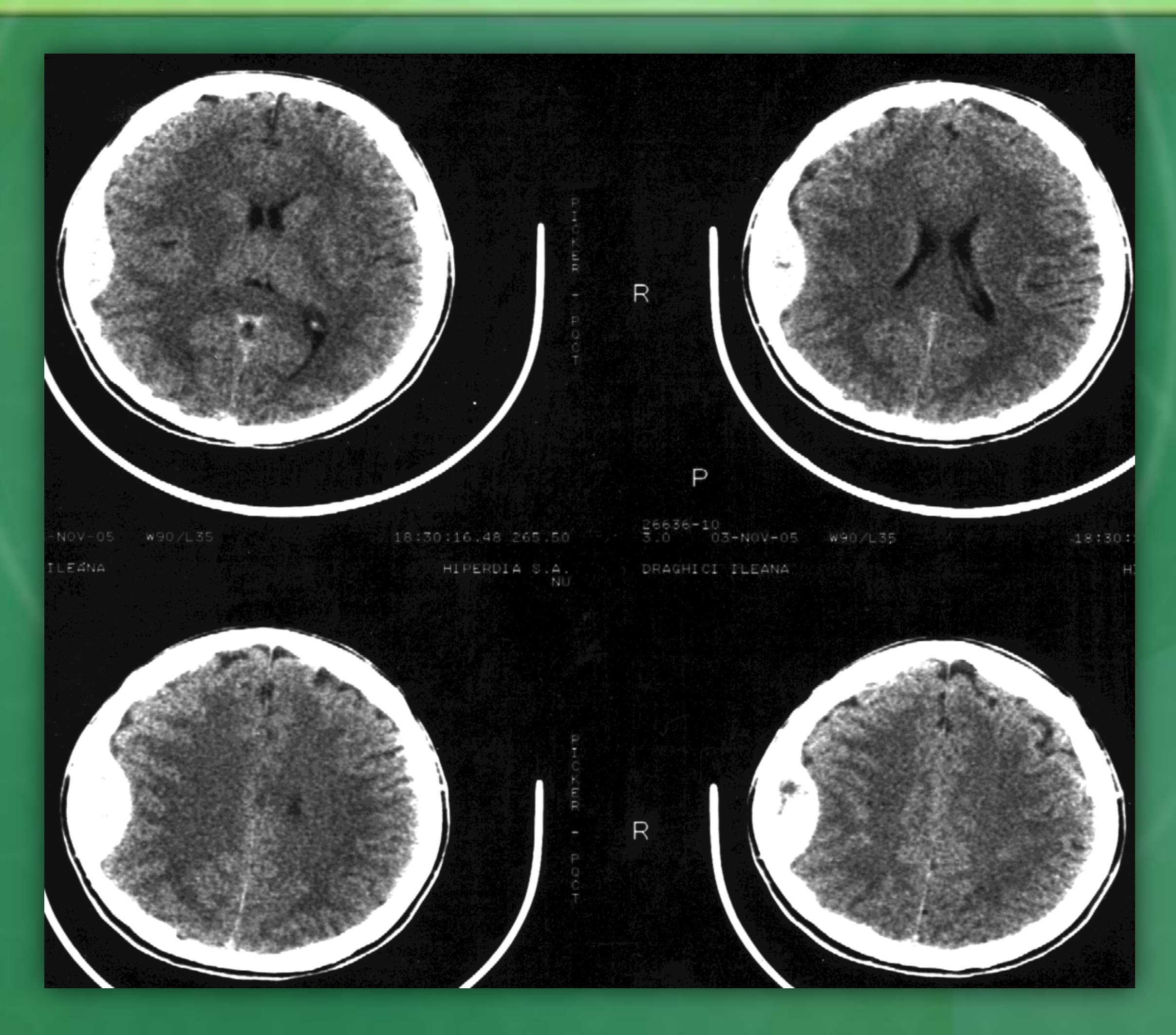


MECANISM

- DE REGULA EXISTA O FRACTURA TEMPORO-PARIETALA CARE RUPE **ART. MENINGEE MEDIE** IN SANTUL SAU DE PE FATA INTERNA A CRANIULUI, LA NIVELUL PTERIONULUI, CAUZAND O SANGERARE ARTERIALA CARE DISECA DURA DE PE TABLIA INTERNA
- SAU: **DISECARE TRAUMATICA A DUREI SI SANGERARE** SECUNDARA ARTERIALA IN SPATIUL CREAT



HEMATOM EXTRADURAL TP DREPT



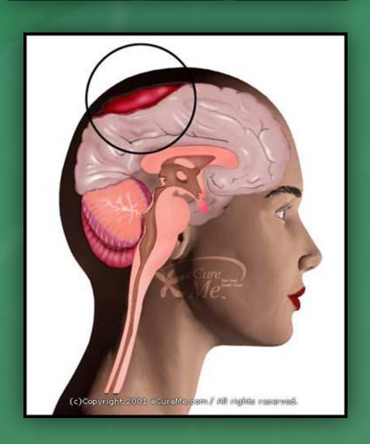
SURSA SANGERARII



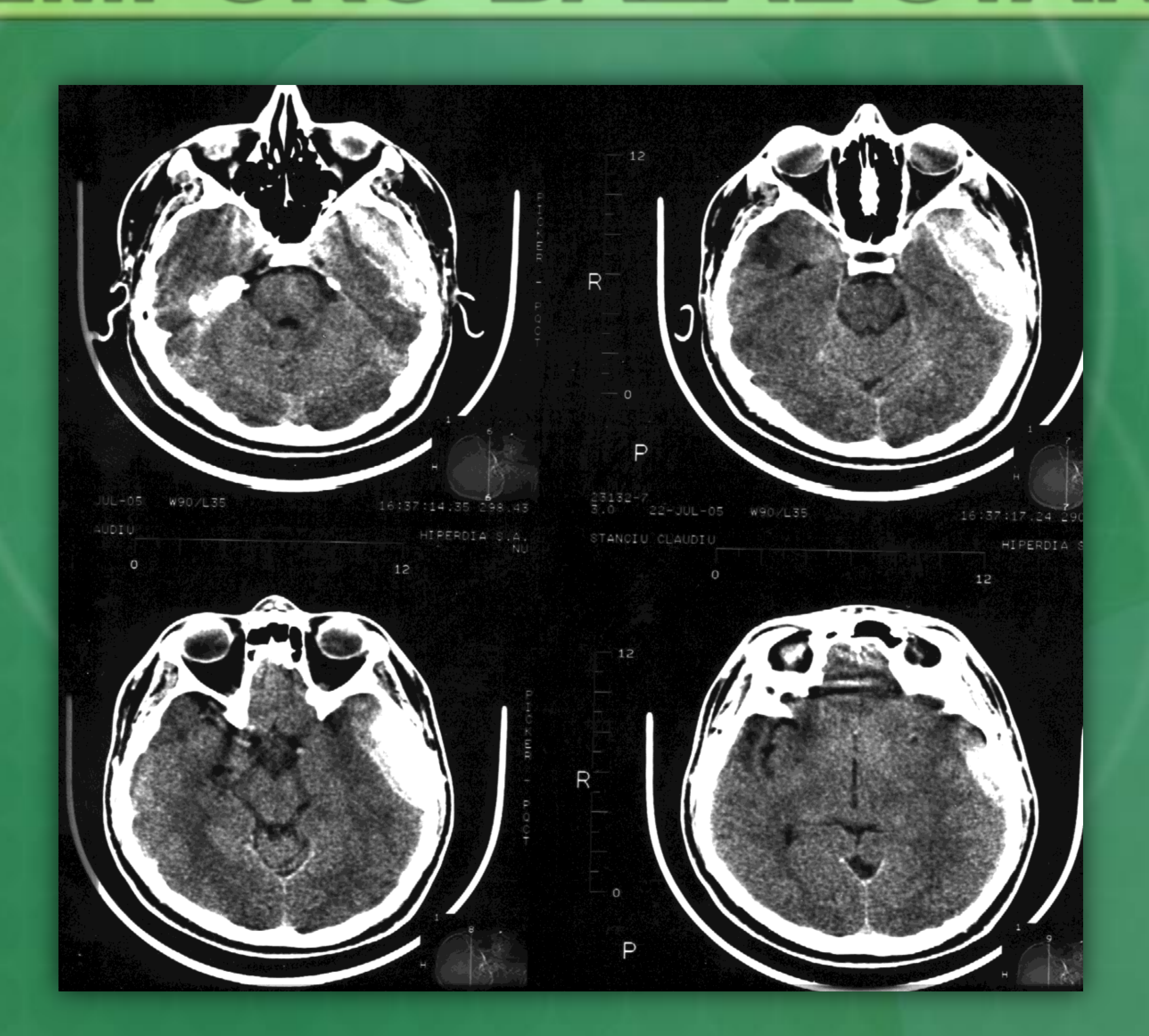
- 85% ART. MENINGEE MEDIE
- RESTUL CAZURILOR SE DATOREAZA SANGERARILOR DIN VENA MENINGEE MEDIE SAU DIN SINUSURILE VENOASE DURALE



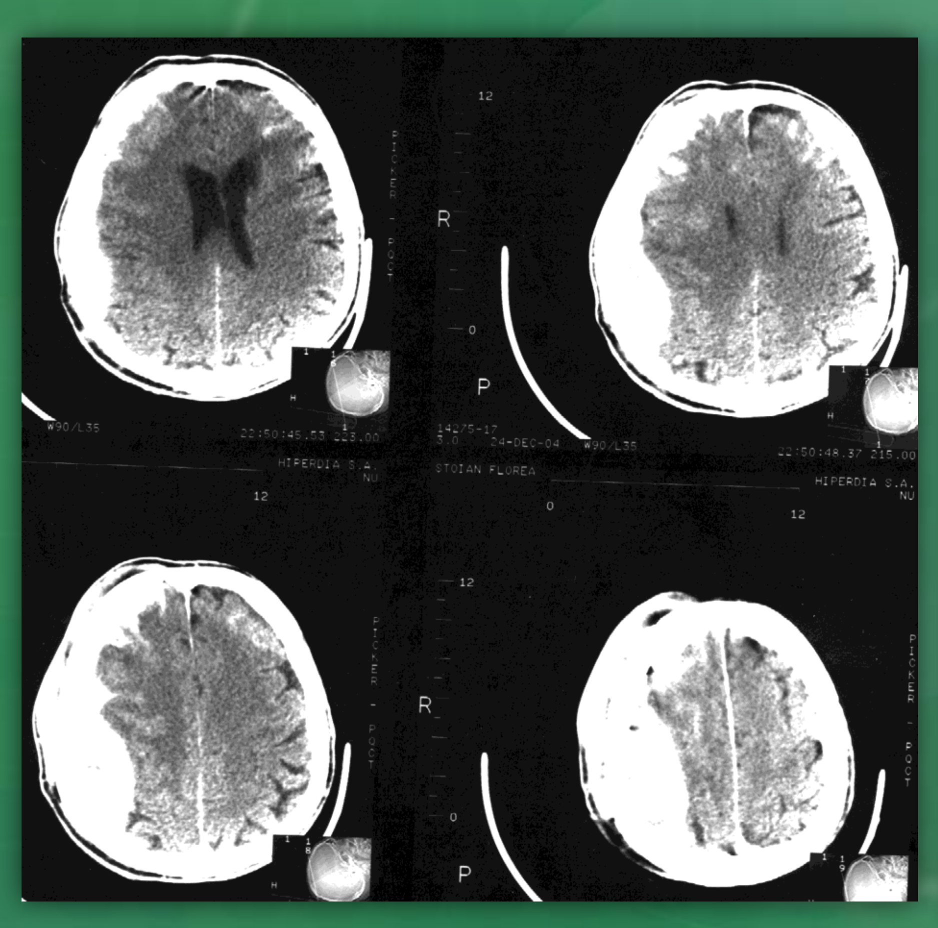
- **LOCALIZAREA** CEA MAI FRECVENTA ESTE LATERALA EMISFERICA (TEMPORALA, PARIETALA)
- 5-10% DIN HEMATOAME APAR *FRONTAL, OCCIPITAL SAU IN FOSA POSTERIOARA*

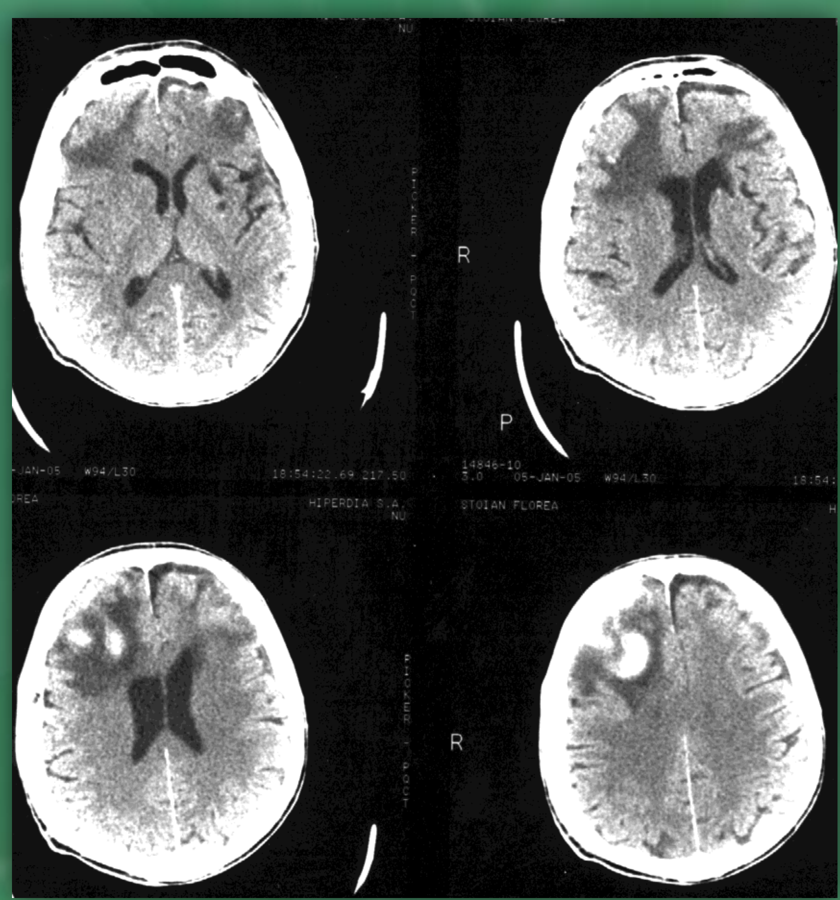


HEMATOM EXTRADURAL TEMPORO-BAZAL STANG

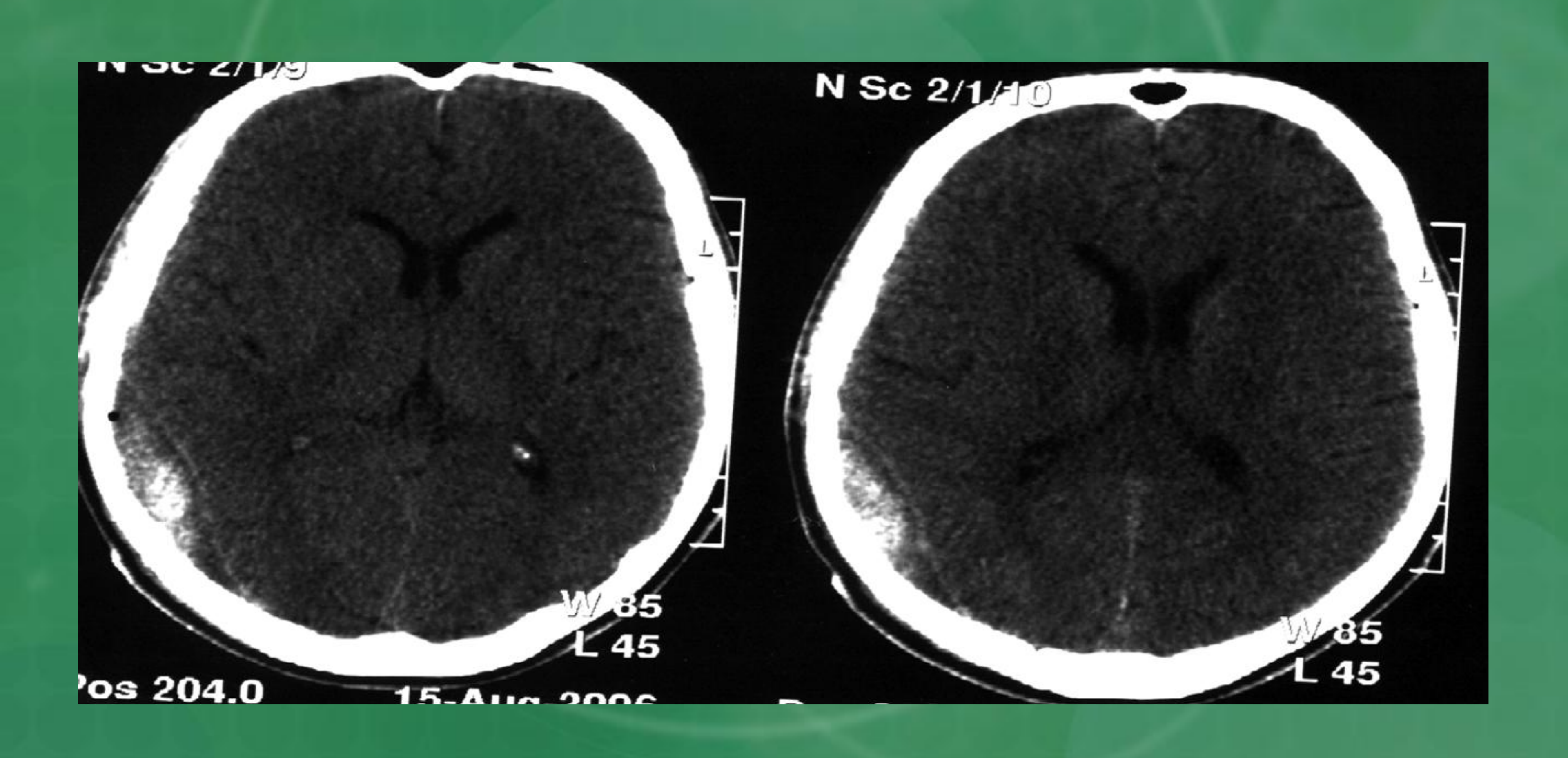


HED + CONTUZIE HEMORAGICA

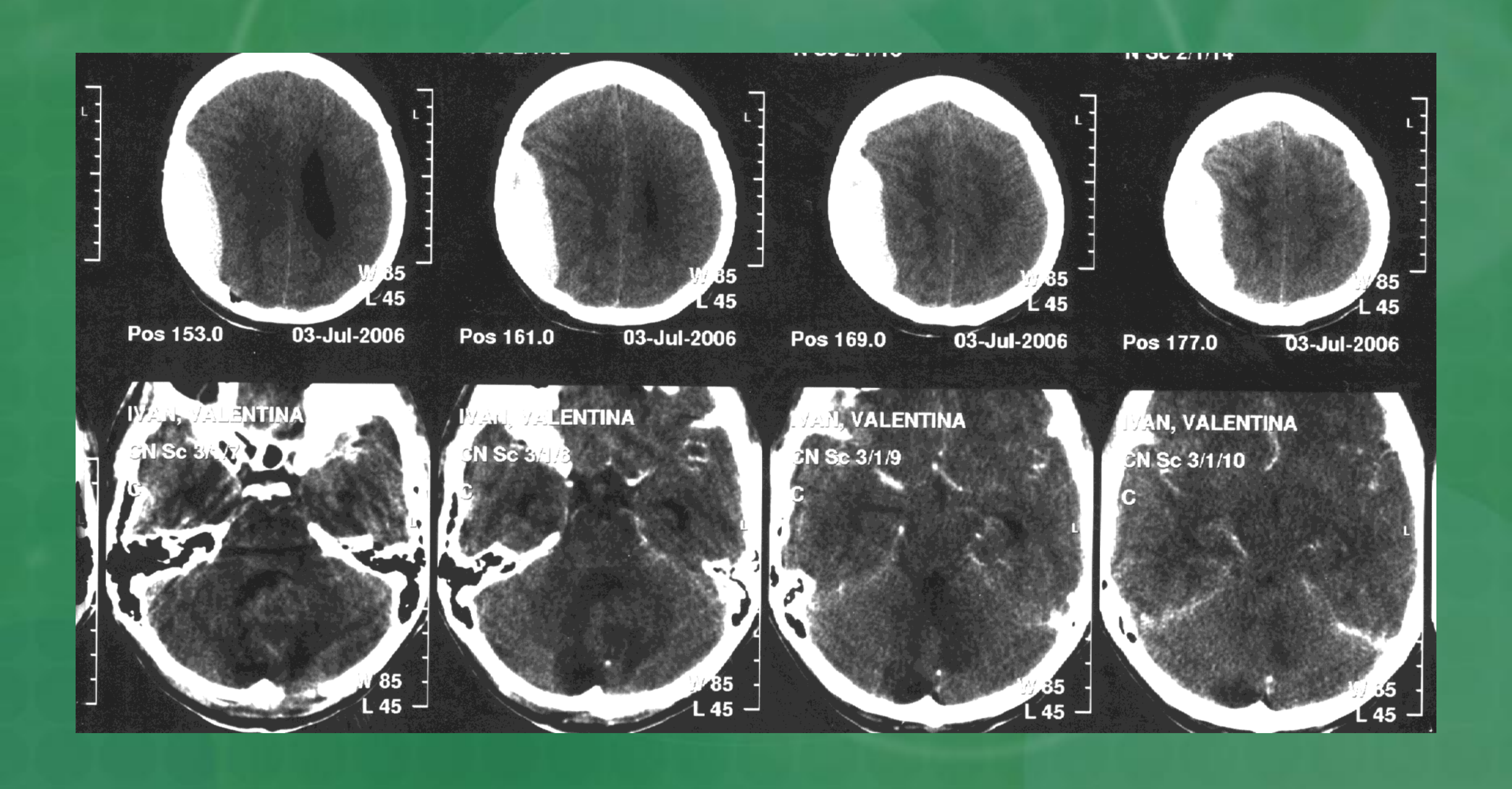




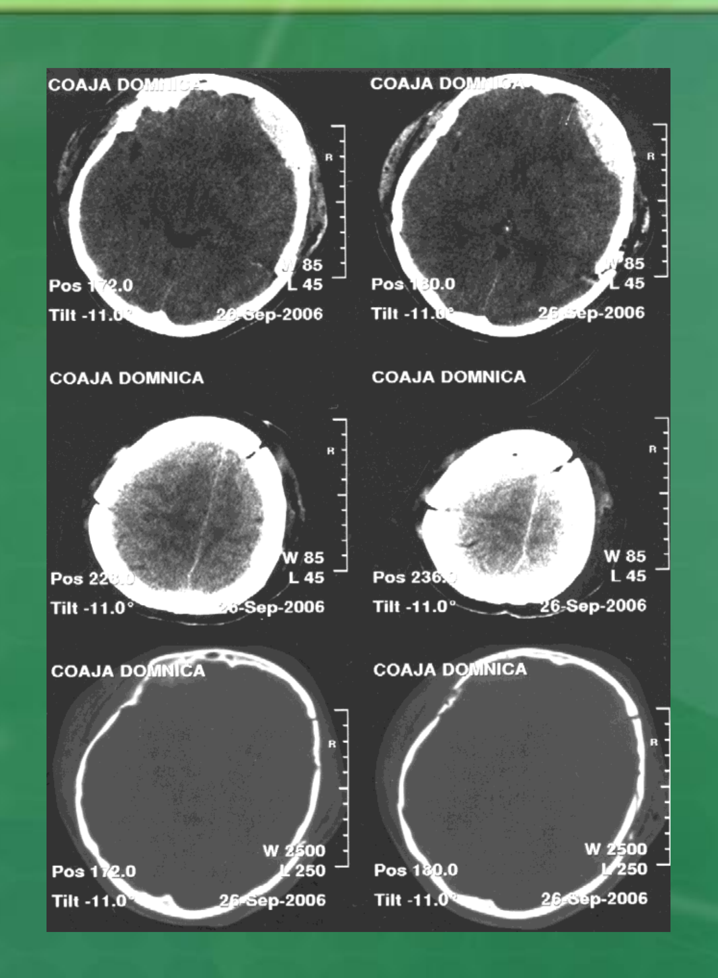
HED SUBACUT

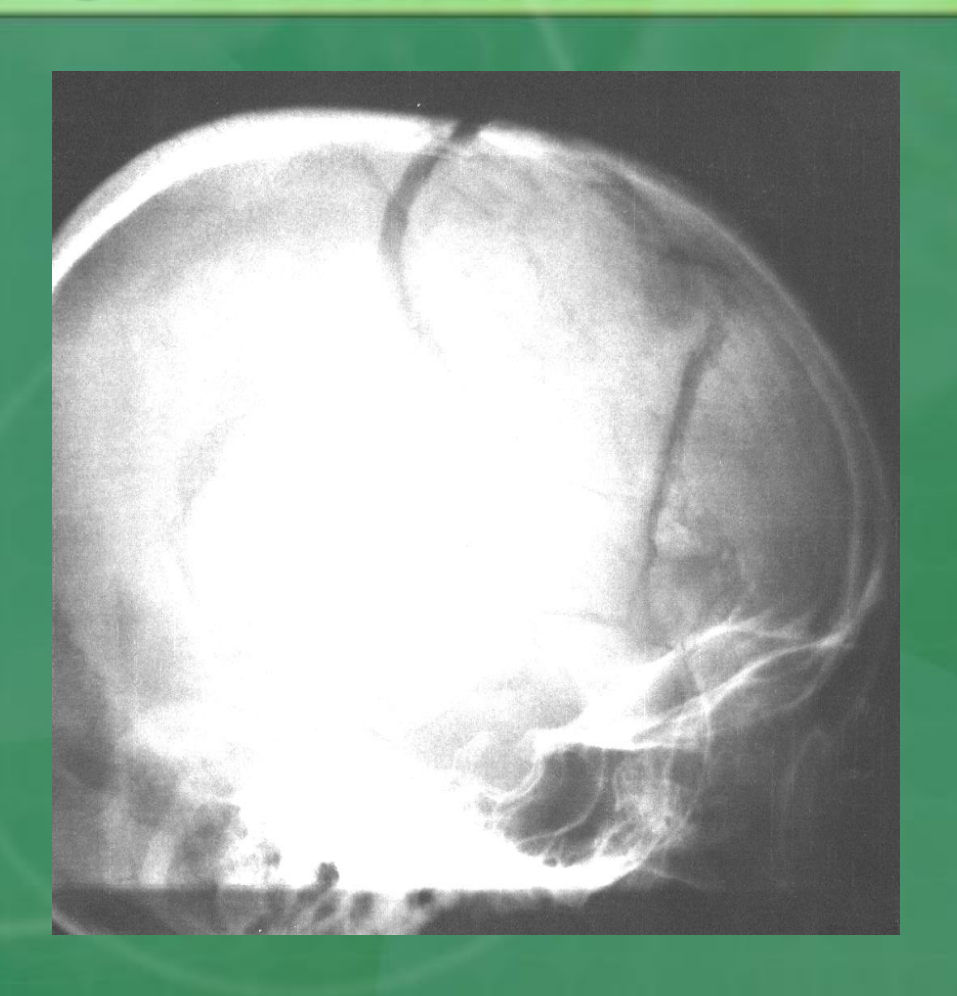


HED PRIN DECOLARE, DUPA TUMORA DE FOSA OPERATA

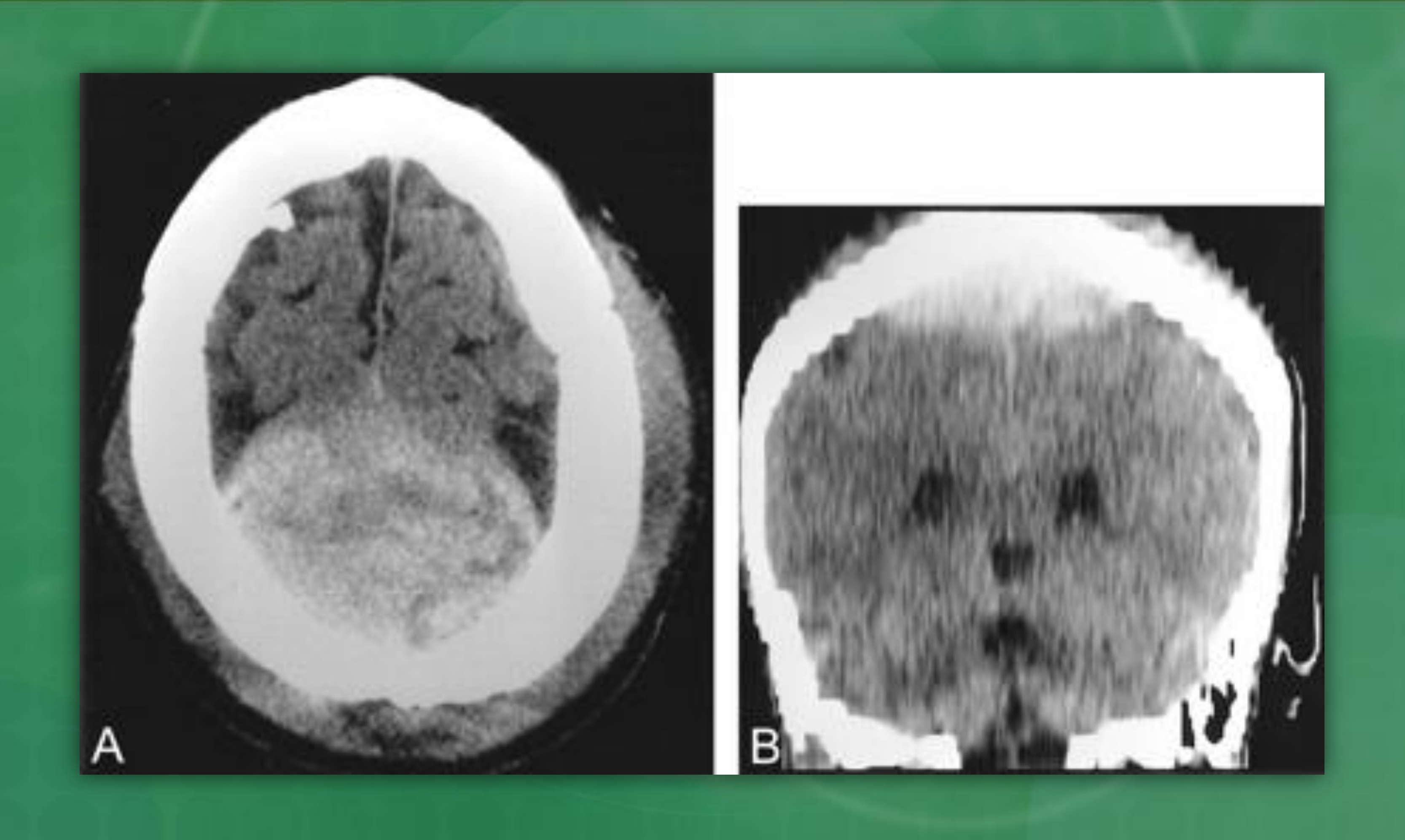


HED FRONTAL- MULTIPLE FRACTURI CRANIENE





HEMATOM EPIDURAL IN VERTEX



ZONELE DECOLABILE GERARD-MARCHAND

- *Au niveau des faces latérales du crâne, dans la région temporo-pariétale, la dure-mère est facilement décollable déterminant la zone décollable de Gérard Marchant*





ASPECTUL CLINIC

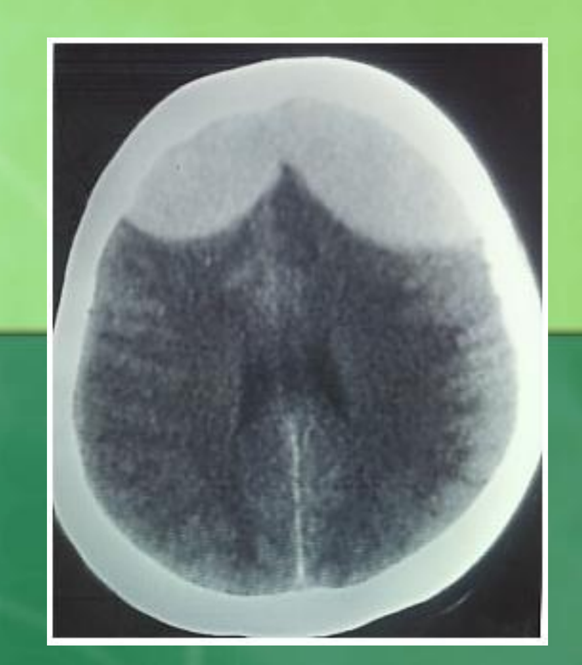
- **TREI FAZE:**

1) *PIERDERE DE CUNOSTINTA* POSTTRAUMATICA IN 60% DIN CAZURI

2) *INTERVAL LUCID* DE ORE (SAU MINUTE IN CAZUL LEZIUNILOR SUPRA-ACUTE)- PREZENT LA 80% DIN CAZURI

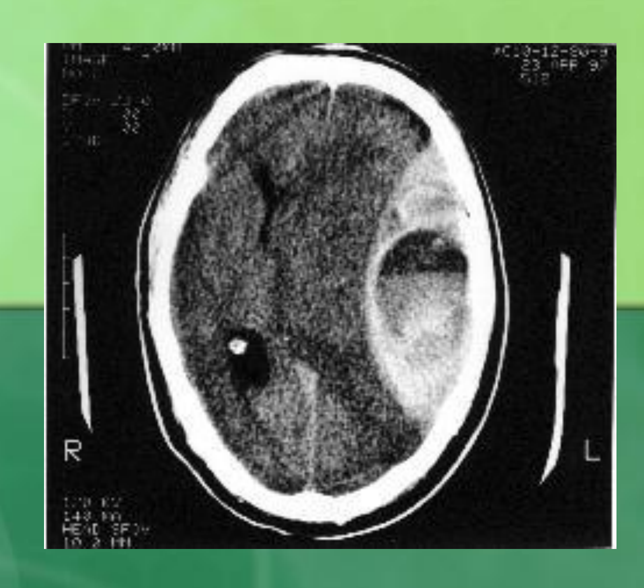
3) APARITIA SEMNELOR NEUROLOGICE:
   - SOMNOLENTA
   - DEFICIT CONTROLATERAL
   - MIDRIAZA IPSILATERALA

ALTE SEMNE CLINICE



- VARSATURI
- CRIZE EPILEPTICE
- HIPERREFLEXIE
- BABINSKI POZITIV
- CRESTEREA PRESIUNII INTRACRANIENE
- BRADICARDIE
- SCADERE RAPIDA A HEMATOCRITULUI CU 10% IN PRIMELE ORE DUPA INTERNARE
- HEMIPAREZA IPSILATERALA PRIN COMPRESIA PEDUNCULULUI CONTRALATERAL-PRIN FENOMENUL KERNOHAN AL INCIZURII TENTORIALE=SEMN FALS DE LOCALIZARE (ECHIVALENTUL RAPID AL SD. ECTORS DIN MENINGIOAMELE DE PICIOR F2)

EVOLUTIE

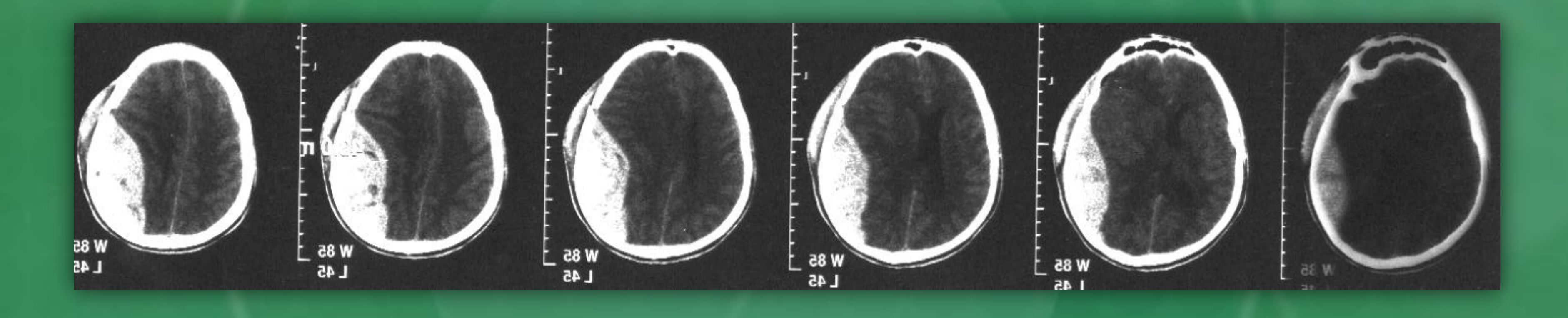


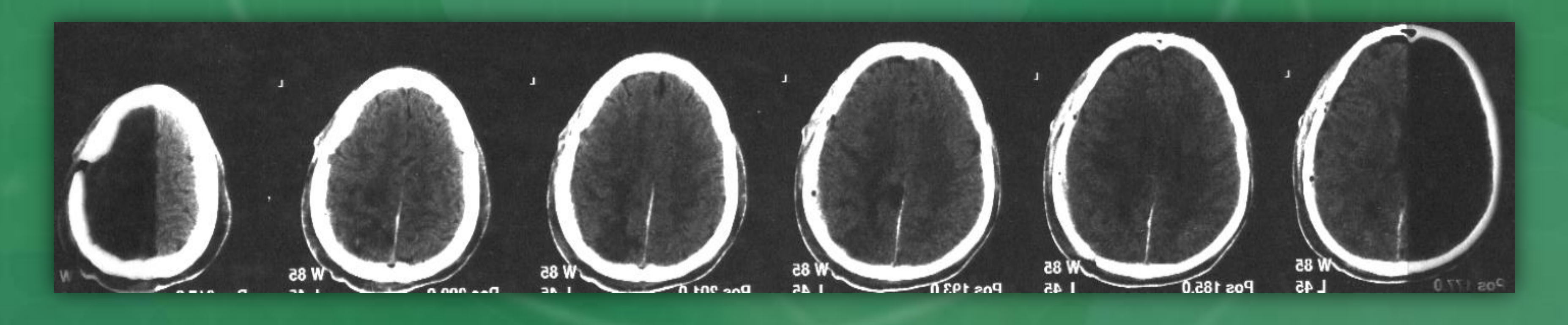
NETRATAT CONDUCE LA:

- RIGIDITATE DE DECEREBRARE
- HIPERTENSIUNE
- INSUFICIENTA RESPIRATORIE
- DECES

- DETERIORAREA SE PRODUCE DE OBICEI IN DECURS DE CATEVA ORE
- DETERIORAREA IN INTERVALE MAI LUNGI ESTE ASOCIATA CU SANGERARILE VENOASE

HED GIGANT OPERAT LA APROXIMATIV 18 ORE DE LA TRAUMATISM- EVOLUTIA: ENCEFALOPATIE GRAVA POSTTRAUMATICA





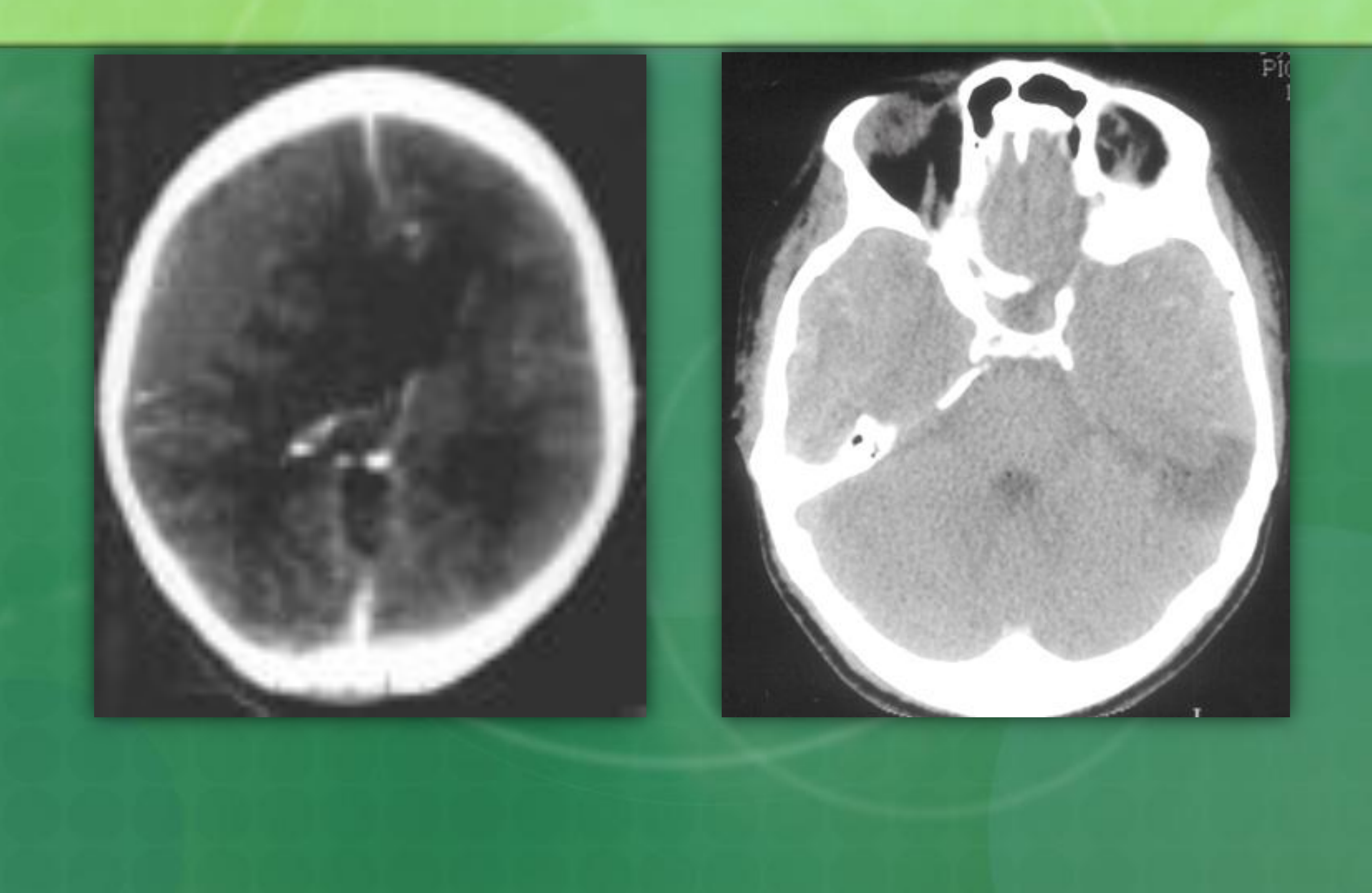
DIAGNOSTIC DIFERENTIAL

- DIFERITE FORME DE SINCOPE VAGALE POSTTRAUMATICE ASOCIATE CU CEFALEE (MAI ALES LA COPII), BRADICARDIE, VARSATURI SI SOMOLENTA, IN AFARA UNOR LEZIUNI INTRACEREBRALE (CT NEGATIV REPETAT)

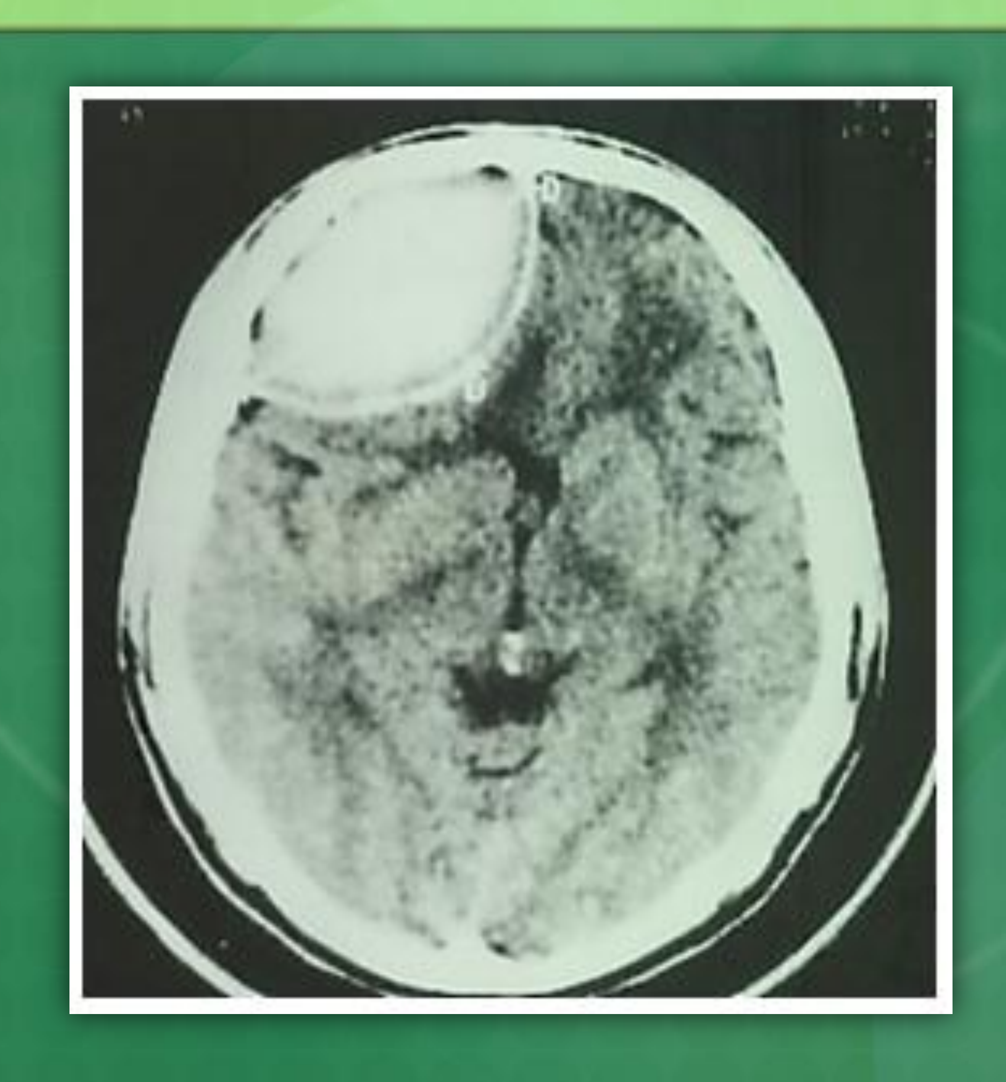
EVALUAREA RADIOLOGICA

- ***RADIOGRAFIA CRANIANA:*** FRACTURA CRANIANA LIPSESTE IN 40% DIN CAZURI, PACIENTII AVAND DE OBICEI VARSTE SUB 30 DE ANI
- ***EXAMINAREA CT:***
  - LENTILA BICONVEXA HIPERDENSA IN 80% DIN CAZURI
  - LENTILA CONVEXA LA EXTERIOR SI PLANA SPRE CREIER - 11% DIN CAZURI
  - ASPECT NEREGULAT CARE SE PLIAZA CALVARIEI PE ZONE INGUSTE, CU EFECT DE MASA, ASEMANATOR HSD, IN 5% DIN CAZURI
  - RAR POATE AVEA ASPECT IZODENS SI NECESITA ADMINISTRAREA DE CONTRAST (DURA MATER VA PRINDE CONTRASTUL!)

HED IZODENSE



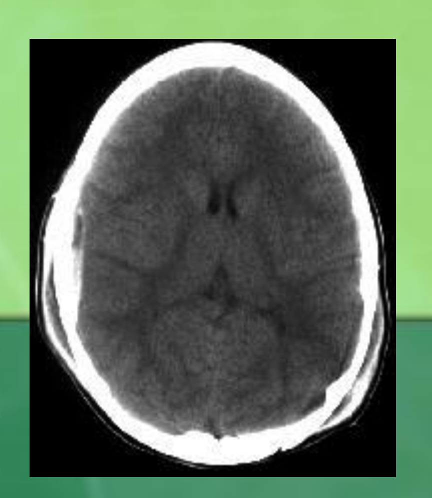
HED CRONIC FRONTAL (CT CU CONTRAST)



MORTALITATEA

- INTRE 20 SI 55%
- IN CONDITIILE DIAGNOSTICULUI SI TRATAMENTULUI PRECOCE IN PRIMELE ORE MORTALITATEA ESTE DE 5-12%
- MORTALITATEA ESTE CRESCUTA LA CAZURILE CARE EVOLUEAZA FARA INTERVAL LIBER
- SEMNELE PRECOCE DE DECEREBRARE, SAU STOPUL RESPIRATOR CAUZAT DE ANGAJAREA UNCALA SUNT FACTORI DE PROGNOSTIC FOARTE SEVER
- LA PACIENTII VARSTNICI CARE ASOCIAZA ARTERIOSCLEROZA, MORTALITATEA CRESTE LA 25-90%

TRATAMENT



- **TRATAMENT MEDICAL: HED MICI**
  - SUB 1 CM GROSIME,
  - SITUATE SUPRATENTORIAL (CELE DE FOSA POSTERIOARA SE OPEREAZA)
  - FARA SEMNE NEUROLOGICE
  - FARA SEMNE DE PROGRESIE A SANGERARII
  - IN UNELE CAZURI HED POATE SUFERI O CRESTERE BRUSCA DE VOLUM IN ZILE 5-16 DE EVOLUTIE SI POATE NECESITA O CRANIOTOMIE DE URGENTA
- **CEL MAI ADESEA HED SUNT AFECTIUNI CU INDICATIE NEUROCHIRURGICALA**

INTERVENTIA NEUROCHIRURGICALA

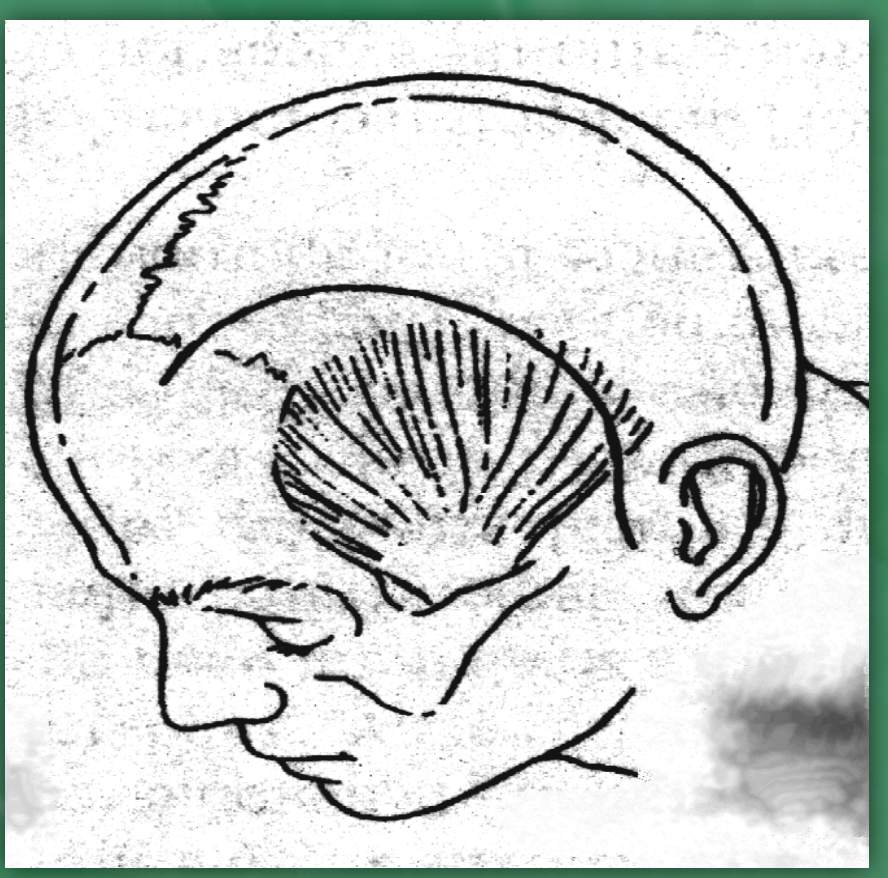
- SE EFECTUEAZA IN SALA DE OPERATIE CU EXCEPTIA PACIENTILOR CARE SUFERA SD. DE ANGAJARE LA CAMERA DE GARDA (...GAURA DE TREPAN DIN LIFT!....)
- **INDICATII:**
  - HED SIMPTOMATIC
  - HED ASIMPTOMATIC CU GROSIME PESTE 1 CM
  - HED LA COPII-PRAGUL DE TOLERANTA LA SANGERARE ESTE FOARTE SCAZUT

OBIECTIVE

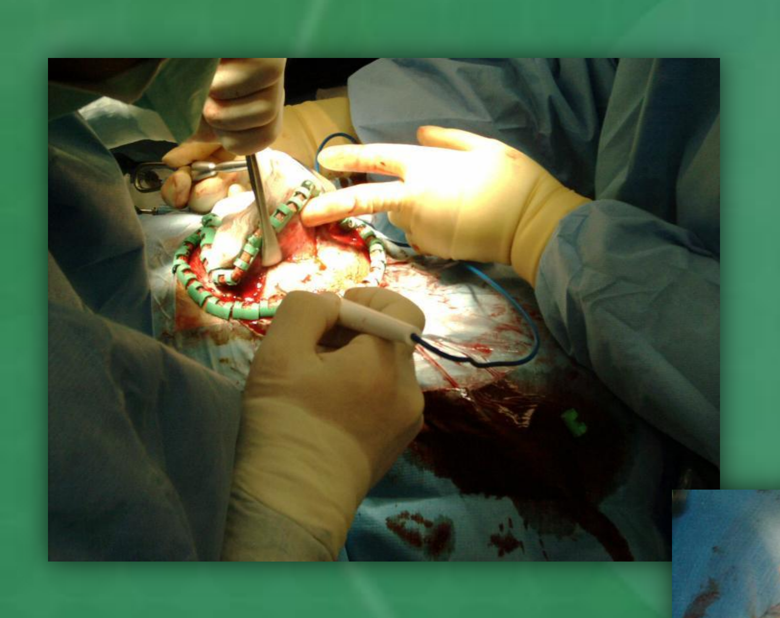
- ***INDEPARTAREA CHEAGURILOR***, SCADEREA PIC, SI ELIMINAREA EFECTULUI DE MASA
- ***HEMOSTAZA:*** COAGULAREA SURSELOR DE SANGERARE-ARTERE, VENE, APLICAREA DE CEARA PE SURSELE INTRADIPLOICE DE SANGERARE
- ***PREVENIREA REACUMULARILOR SANGUINE*** PRIN SUSPENDAREA ADECVATA A DUREI MATER

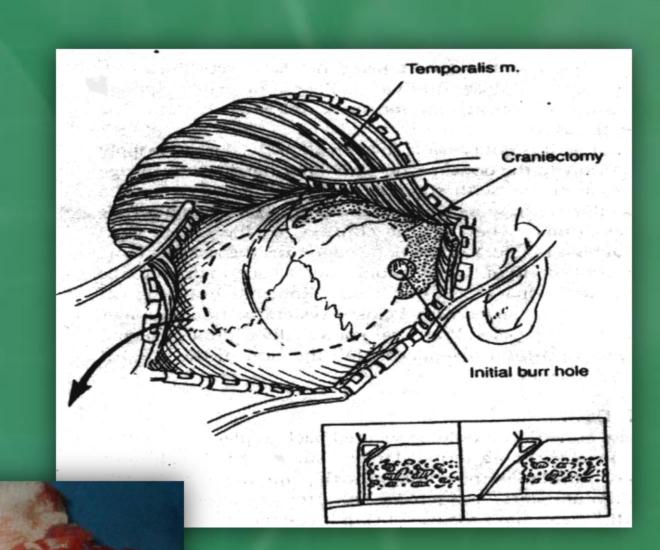
CRANIOTOMIA PENTRU HEMATOM EXTRADURAL-INCIZIA LA SCALP



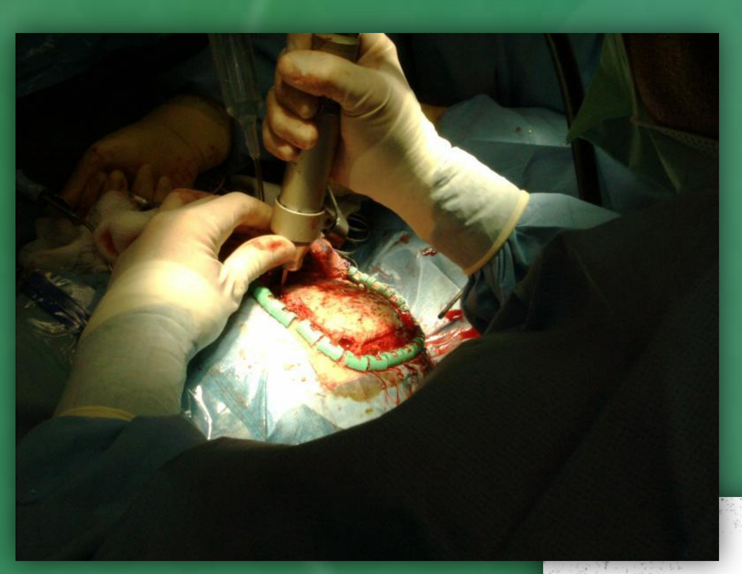


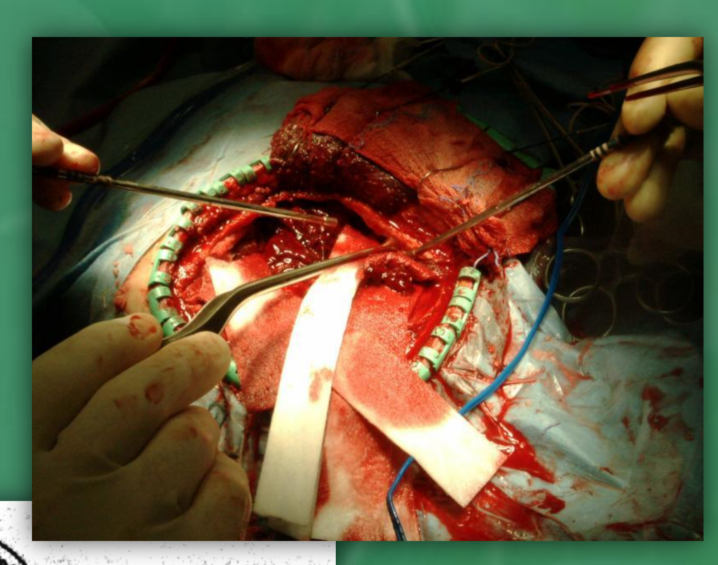
CRANIOTOMIA PENTRU HEMATOM EXTRADURAL-VOLETUL SI DISECTIA MUSCHIULUI TEMPORAL

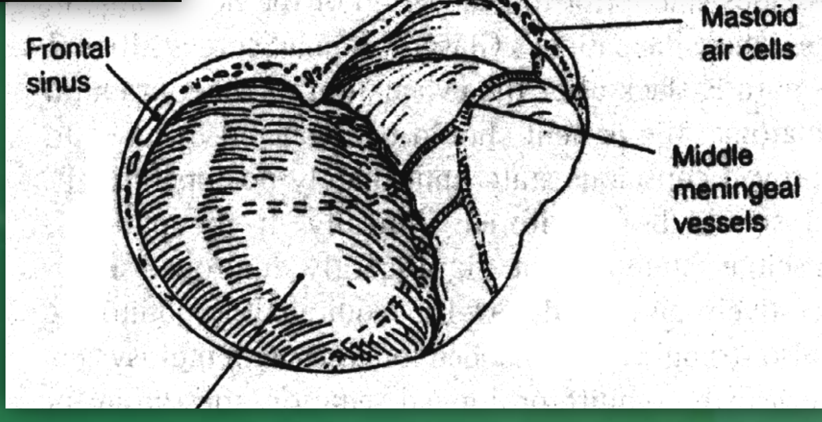


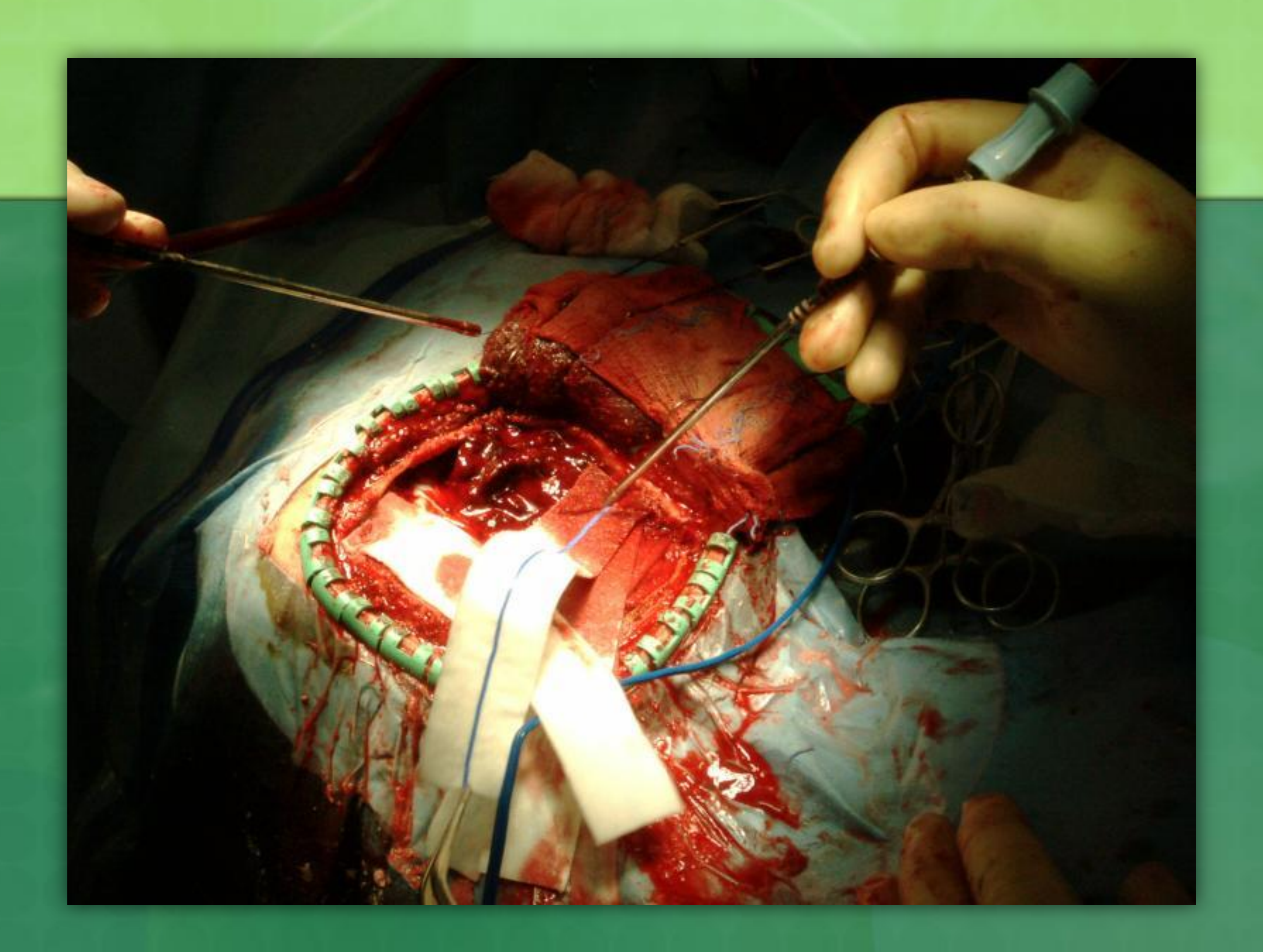


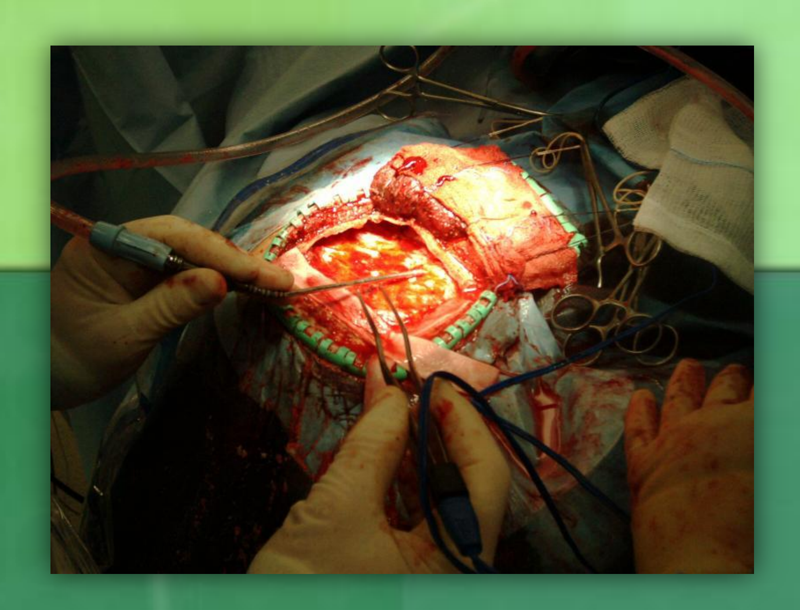
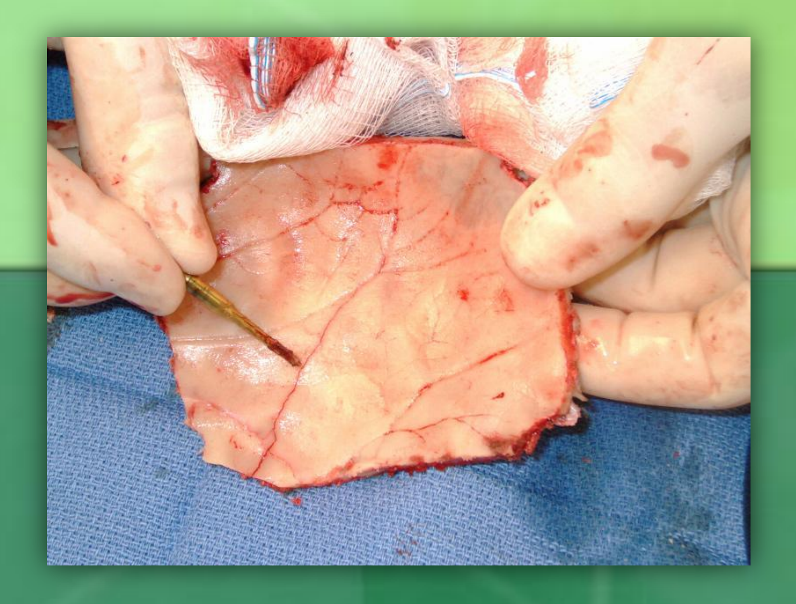
CRANIOTOMIA PENTRU HEMATOM EXTRADURAL-EVACUAREA HEMATOMULUI

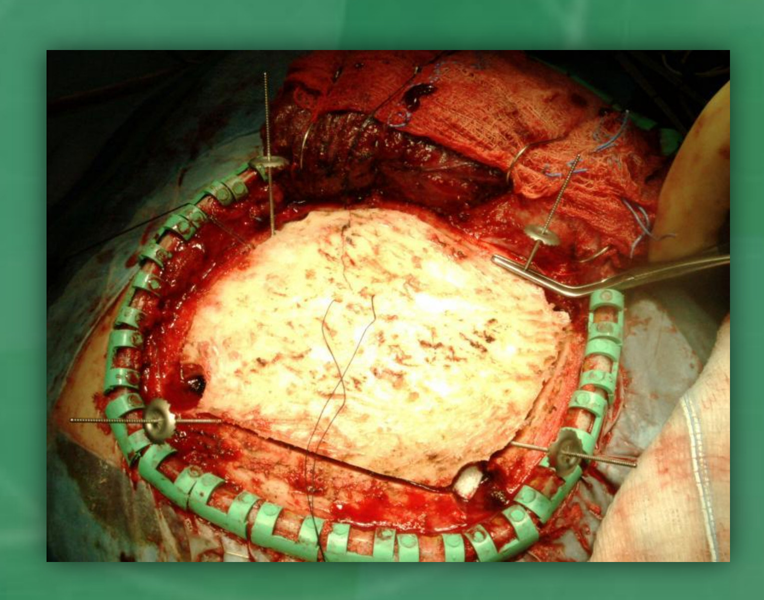


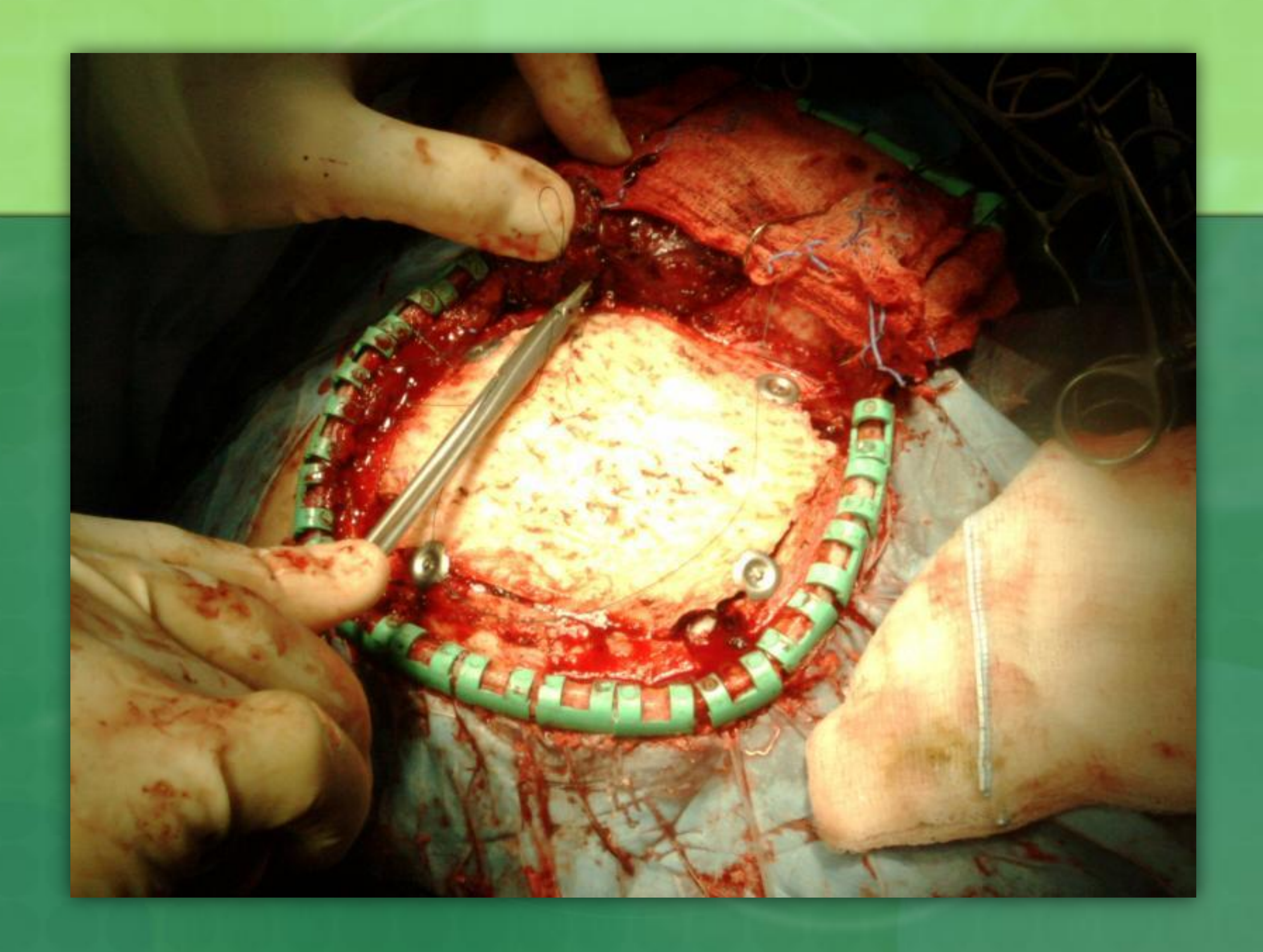










HED TARDIVE

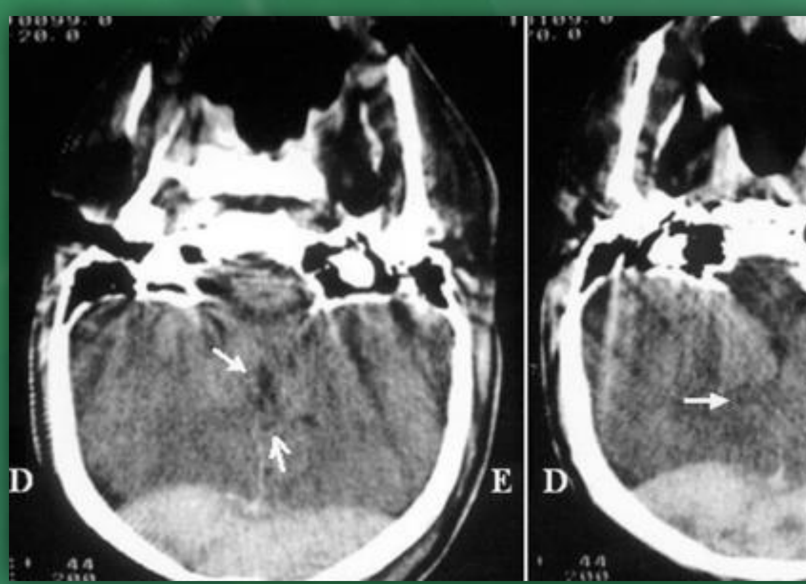
- 9-10% DIN HED NU SUNT PREZENTE PE EX CT LA INTERNARE DAR POT APARE LA EXAMINARILE ULTERIOARE-ABSENTA SIMPTOMELOR DUPA INTERNARE SAU STAREA NEUROLOGICA BUNA NU EXCLUD DEZVOLTAREA UNUI HED
- SE ASOCIAZA RAR CU TRAUMATISME MEDII (CGS<12)
- PREZENTA UNEI FRACTURI REPREZINTA SITUATIA CEA MAI FRECVENTA DE APARITIE A HED TARDIVE

- RISCUL TEORETIC DE APARITIE A HED TARDIVE ESTE DAT DE:
  - SCADEREA PIC PRIN DIURETCE OSMOTICE
  - EVACUAREA UNOR LEZIUNI CONTRALATERALE (SCADE PRESIUNEA DE TAMPONADA)-HED APAR IN 24 DE ORE DUPA OPERATIE
  - CORECTAREA RAPIDA A SOCULUI
  - PREZENTA COAGULOPATIILOR

HED DE FOSA POSTERIOARA

- REPREZINTA **5% DIN TOTALITATEA HED**
- APAR CEL **MAI FRECVENT IN PRIMLE 2 DECADE** DE VIATA
- 84% SUNT ASOCIATE UNOR FRACTURI DE SCUAMA OCCIPITALA
- NUMAI 3% DIN COPII CU FRACTURI OCCIPITALE DEZVOLTA HED
- SURSA CEA MAI FRECVENTA DE SANGERARE ESTE REPREZENTATA DE DILACERAREA SINUSURILOR DURALE
- CLINIC: SEMNELE CEREBELOASE SUNT DISCRETE SAU ABSENTE
- ***SE RECOMNDA EVACUAREA CHIRURGICALA A LEZIUNILOR SIMPTOMATICE***
- MORTALITATEA ATINGE 26% SI CRESTE ATUNCI CAND PACIENTUL MAI ARE SI ALTE LEZIUNI INTRACRANIENE




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CONCLUZII

- ***HEMATOMUL EPIDURAL ESTE CONSIDERAT A FI O URGENTA MAXIMA NEUROCHIRURGICALA***

- *PROGNOSTICUL DEPINDE IN MARE MASURA DE:*
  - VARSTA PACIENTULUI SI AFECTIUNILE ASOCIATE
  - TIMPUL SCURS DE LA INSTALAREA COMEI PANA LA DECOMPRESIUNE CARE TREBUIE SA FIE SUB 6 ORE
  - PREZENTA LEZIUNILOR TRAUMATICE ASOCIATE, IN CAZUL POLITRAUMATISMELOR


MULTUMESC
PENTRU ATENTIE!